

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

131

Primary Registration District No.

3093

Registrar's No.

216

63-032052

FILED AUG 26 1963

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clinton

Length of stay in 1b  
10 Min.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Wetzel Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY NODAWAY

c. CITY OR TOWN NORTHBORO

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
RURAL

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First Middle Last  
CARROLL CHESLEY CHESHIRE

4. DATE OF DEATH  
Month 8 Day 11 Year 63

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

SEPT 14 1909 53

## 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

own farm

## 11. BIRTHPLACE (City and state or country)

NORTHBORO, IOWA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOHN B. CHESHIRE

## 13b. MOTHER'S MAIDEN NAME

REBECCA E. LESHER

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO NONE

## 16. SOCIAL SECURITY NO.

Unknown

## 17. INFORMANT

MANILA CHESHIRE, College Spr., Ia.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Acute Myocardial Insufficiency

#### INTERVAL BETWEEN ONSET AND DEATH

Minutes

#### DUE TO (b)

Acute Coronary Occlusion

2 hours

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8-11-63 to 8-11-63 and last saw her alive on 8-11-63  
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Clinton L. Glasgow D.O.

## 22b. ADDRESS

Clinton Mo

## 22c. DATE SIGNED

8/12/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

AUG., 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Shear

## 23d. LOCATION (City, town, or county)

Braddyville Iowa

## 24. FUNERAL DIRECTOR

## ADDRESS

WALKER F.H.

## 25. DATE RECD. BY LOCAL REG.

Aug. 13 1963

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

Goodrich Funeral Home, Clarinda Iowa

OSCEOLA, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. B. [Signature]*

Licensed Embalmer No. 3038

P. O. Address *Osceola, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

8/13/63

(m.b.)